Kaiser Permanente 2-Day Food and Activity Record

Write down the food items you ate and activities you did 2 days before your appointment with your dietitian or health care provider.
Bring this sheet with you to your appointment.

Date _____/ _____ Month Day			**Date** _____/ _____ Month Day		
Time			**Time**		
___:____	Fasting Blood Glucose Value	_____	___:____	Fasting Blood Glucose Value	_____
___:____	**Breakfast Food Items**	Portion Size	___:____	**Breakfast Food Items**	Portion Size
	*Activity*_____	*# mins.* ___		*Activity*_____	*# mins.* ___
___:____	After Breakfast Blood Glucose Value	_____	___:____	After Breakfast Blood Glucose Value	_____
___:____	**Snack Food Items**	Portion Size	___:____	**Snack Food Items**	Portion Size
___:____	**Lunch Food Items**	Portion Size	___:____	**Lunch Food Items**	Portion Size
	*Activity*_____	*# mins.* ___		*Activity*_____	*# mins.* ___
___:____	After Lunch Blood Glucose Value	_____	___:____	After Lunch Blood Glucose Value	_____
___:____	**Snack Food Items**	Portion Size	___:____	**Snack Food Items**	Portion Size
___:____	**Dinner Food Items**	Portion Size	___:____	**Dinner Food Items**	Portion Size
	*Activity*_____	*# mins.* ___		*Activity*_____	*# mins.* ___
___:____	After Dinner Blood Glucose Value	_____	___:____	After Dinner Blood Glucose Value	_____
___:____	**Snack Food Items**	Portion Size	___:____	**Snack Food Items**	Portion Size

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